COMPLAINT FORM

Name: ____________________________________ Date Submitted: ________________

(Anonymous Complaints Will Be Discarded)

How Can We Contact You? ______________________________________________________

Location of Incident: __________________________________________________________

Date of Incident: ____________________ Time of Incident: ____________________

Were there any witnesses? If yes, please list: ______________________________________

What Department does this pertain to? ____________________________________________

Please describe in your words what happened: ______________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How would you recommend this be resolved? ______________________________________
______________________________________________________________________________
______________________________________________________________________________

OFFICE USE ONLY

Received by: _________________________________ Date/Time: ___________________

Forwarded to: _________________________________________________________________